

<b>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  <i>Specific Information by Chemical</i>	<b>Facility Identification</b> Name _____ Street _____ City _____ County _____ State _____ Zip _____  SIC Code _____ Dun & Brad Number _____		<b>Owner/Operator Name</b> Name _____ Phone ( ) _____ Mail Address _____					
	<b>FOR OFFICIAL USE ONLY</b>		<b>Emergency Contact</b>  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____  Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____					
<b>Important: Read all instructions before completing form</b>			Reporting Period From January 1 to December 31, 20 _____		<input type="checkbox"/> Check if information below is identical to the information submitted last year.			
<b>Chemical Description</b>		<b>Physical and Health Hazards</b> <i>(check all that apply)</i>	<b>Inventory</b>		<b>Container Type</b>  <b>Pressure</b>  <b>Temperature</b>	<b>Storage Codes and Locations (Non-Confidential)</b>  <i>Storage Locations</i>	<b>Optional</b>	
CAS _____ Trade Secret _____ Chem. Name _____  Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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<b>Certification (Read and sign after completing all sections)</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.						<b>Optional Attachments</b> <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures		
Name and official title of owner/operator OR owner/operator's authorized representative _____						Signature _____		Date signed _____